

No. 2
1-5-43
5-17-39
I X36671

FILED MAR 18 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3020

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 101 E 5th St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community PATRICK TETRAULT 2 yrs (years, months or days)

3. (a) PRINT FULL NAME PATRICK TETRAULT

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced 2 divorced Widowed

6. (b) Name of husband or wife Mary Rose Lease 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Feb - 18 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 11 17 hr min.

9. Birthplace Hitchie N. Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Not known

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Schubach

(b) Address Washington

17. (a) Burial (b) Date thereof Feb 9 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles

18. (a) Signature of funeral director J. C. Gallagher

(b) Address St Charles Mo

19. (a) Feb 6 1944 (b) Lucille Ruthie Brooks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 2
(If outside city or town limits, write "RURAL")

(d) Street No. 101 E 5th St
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th
year 1944 hour Sometime during night

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis

Due to _____

Due to 94a

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury Coroner

23. Signature James P. Ottinson (Other) _____

Address Harold, Mo Date signed 2-5-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6
6
2

2/6/44 1181

MAR 9 1944

MAR 8 1944

Date Filed 3/9/44
District File Number
District Health Officer No. 9
RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed

John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.